



Indiana State
Department of Health
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Mitchell E. Daniels, Jr.
Governor

Judith A. Monroe, M.D.
State Health Commissioner

DATE: March 3, 2009

TO: ISDH Executive Board

FROM: Mary L. Hill, RN, Esq.
Deputy State Health Commissioner

RE: Preliminary Adoption of Amendments to 410 IAC 3.2 Administrative Rule governing the Children with Special Healthcare Services (CSHCS) Program

The Indiana State Department of Health (ISDH), Maternal and Children's Special Healthcare (MCSHC) Division, requests the Executive Board, at the Board's March 11, 2009 meeting, to preliminarily adopt an amendment to the administrative rule for the CSHCS Program (410 IAC 3.2). Due to the current economic forecast, the CSHCS Program, as well as other programs throughout state government, is facing continued reductions in available funding at the state level and has to make some tough decisions in an effort to maintain the broadest positive child outcomes in the state. With this rule change, the program intends to curb increasing expenditures in non-core areas of the program.

A definition for "autism" is being added which will restrict autism to the DSM IV diagnosis of 299.00 as defined in IC 12-7-2-19(b). The definition of "therapy" found in 410 IAC 3.2-1-33 is being changed to include Applied Behavioral Analysis (ABA) for treatment of autism. Autism is being added to the list of medically eligible conditions in 410 IAC 3.2-6-2(b)(23). Section 3.2-7-3 (b)(7) (limited health care services included in the health service package) is being amended to add a maximum payment of \$10,000.00 per participant per year for Applied Behavioral Analysis as a therapy service for treatment of autism. Finally, 410 IAC 3.2-9-1 regarding payments for Family Travel is being amended so that the first 49 miles are never paid, and once a child or family has traveled 50 miles, travel is paid at the rate of 50% of the travel reimbursement rate that is established in accordance with state travel policies.

The suggested changes would not impose any additional administrative requirements on providers enrolled in the CSHCS Program. Reducing benefits in these non-core areas is considered preferential to eliminating or reducing payments for medical, hospital, supply and pharmacy claims. Until program funding is increased, economic measures as highlighted in this memo are necessary; therefore, the CSHCS Program proposes preliminary adoption of this rule change.